

## AMENDMENTS TO THE TREATMENT PLAN

DATE:

*Check the appropriate reason for amendment:*

☐ The consumer has met a goal/objective

☐ The consumer is not progressing toward the goal/objective

☐ The consumer has requested a change

☐ A new goal/objective is recommended

☐ Other: \_\_\_\_\_

EXPLANATION AND RECOMMENDATION FOR CHANGE:

SIGNATURES:

\_\_\_\_\_  
Consumer

\_\_\_\_\_  
Lead Clinical Staff